

10/538515

JC06 Rec'd PCT/PTO 09 JUN 2005

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	✓ INHALATION THERAPY DEVICE
Attorney Docket Number::	12684.0015USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Initial 06/09/05

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Robert
Middle Name::	
Family Name::	WALDNER
Name Suffix::	
City of Residence::	Peiting
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Weidenweg 2
City of mailing address::	Peiting
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	86971

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
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Given Name::	Daniela
Middle Name::	
Family Name::	HÄUSER
Name Suffix::	
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State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Sarasatestrasse 73
City of mailing address::	München
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	81247

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Uwe
Middle Name::	
Family Name::	HETZER
Name Suffix::	
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State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Gottfried-Böhm-Ring 67
City of mailing address::	München
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	81369

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Markus
Middle Name::	
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Name Suffix::	
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State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Arno-Assmann-Strasse 9
City of mailing address::	München
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	81739

## Correspondence Information

Correspondence Customer Number:: 23552

## Representative Information

Representative Customer Number::	23552
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## Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application is a	National Stage of	PCT/EP2003/013959	12/09/03

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	102 57 381.6	12/09/02	Yes

## Assignee Information

Assignee Name:: PARI GMBH SPEZIALISTEN FÜR EFFEKTIVE  
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Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 82319

Initial 06/09/05

## Supplemental Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
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Middle Name::	
Family Name::	WALDNER
Name Suffix::	
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State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Weidenweg 2
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State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	86971



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Status::	Full Capacity
Given Name::	Daniela
Middle Name::	
<u>Family Name::</u>	<del>HÄUSER</del> <u>Mudenbruch</u>
Name Suffix::	
City of Residence::	München
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Sarasatestrasse 73
City of mailing address::	München
State or Province of mailing address::	
Country of mailing address::	Germany
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Middle Name::	
Family Name::	HETZER
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State or Province of Residence::	
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Middle Name::	
Family Name::	URICH
Name Suffix::	
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State or Province of Residence::	
Country of Residence::	Germany
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## Representative Information

Representative Customer Number::	23552
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Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	102 57 381.6	12/09/02	Yes

## Assignee Information

Assignee Name:: PARI GMBH SPEZIALISTEN FÜR EFFEKTIVE  
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